

# PURCHASING CARDHOLDER DISPUTE FORM

## CARDHOLDER INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Account No. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## DISPUTE

- ☐ Credit Not Posted (Attach Credit Slip)
- ☐ Duplicate Posting
- ☐ Erroneous Amount (Attach Sales Receipt)
- ☐ Other \_\_\_\_\_

MERCHANT NAME/DESCRIPTION	DOLLAR AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

## DESCRIBE DISPUTE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SEND DISPUTE TO:

U.S. Bank Visa Purchasing Card  
Attn: Purchasing Card Disputes  
P.O. Box 6344  
Fargo, ND 58125-6344

Customer Service:  
Toll Free: 1-800-344-5696  
Fax: 701-461-3463